



PROPERTY TAX CLEARANCE SCHEDULE - FORM NO. 1

(For a ☐ Person ☐ Business ☐ Corporation)

State Form 1462 (R3 / 7-92)

Approved by State Board of Accounts, 1992

INDIANA ALCOHOLIC BEVERAGE COMMISSION

ABC permit number

Expiration date (Month, day, year)

Individual's name or company name

If transfer, give former business name

Mailing address (Street and number or rural route)

City

State

ZIP code

Doing business as (DBA)

Permit location (Street address)

City

State

ZIP code

TYPE (Check all that apply)

- ☐ New
☐ Renewal
☐ Transfer (Check all that apply)
☐ Ownership
☐ Location
☐ Stock

STATUS

- ☐ Permit escrow
☐ DBA change

I, the Treasurer of _____ County, hereby certify that the person or company named above has paid all property taxes in 19 _____ (for 19 _____ assessment) and property taxes for all prior years, or is exempt from property tax by reason of _____

Signature of County Treasurer

Date (Month, day, year)

DISTRIBUTION: Canary - Alcoholic Beverage Commission; White - County Treasurer; Green - Alcoholic Beverage Commission Duplicate;